



On-Target  
Off-Target

True North Strategy Measure	Executive Owner	Measure Unit	CY 22 Baseline <sup>A</sup>	Improvement direction ↑/↓	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	CY 23 Year To Date <sup>A</sup>	On-Off-Target	Target CY 23 (unless noted in footnote) <sup>A</sup>	
Departments Driving Equity	Ehrlich, Turner	% of departments	63%	↑	25%	50%											40%	Off-Target	65%	
<b>Achieving Safe &amp; Equitable Patient Care</b> <span style="float: right;">▼ YTD reset on Fiscal Year</span>																				
★ Catheter Associated Urinary Tract Infections (CAUTI)	Smith, Winston	Count / 1,000 urinary catheter days	Rate = 1.98	↓	Patient Harm data 2-month lag  YTD reflects July 2022 to Dec 2022												Rate = 1.93 Count = 14	On-Target	Rate = 2.26	
★ Central Line Associated Bloodstream Infections (CLABSI)	Smith, Winston	Count / 1,000 central line days	Rate = 0.46	↓														Rate = 1.69 Count = 8	Off-Target	Rate = 0.77
★ Colon Surgical Site Infections (COLO SSI)	Smith, Winston	Standardized Infection Ratio (Observed/Expected)	Rate = 0.89	↓														Rate = 1.08 Count = 8	On-Target	Rate = 1.62
Hospital Acquired Pressure Injuries (HAPI)	Smith, Winston	Count / 1,000 midnight census	Rate = 0.15	↓														Rate = 0.39 Count = 15	Off-Target	Rate = 0.20
Falls with injury (med surg, 4A, ED, inpatient psych)	Smith, Winston	Count / 1,000 midnight census	Rate = 0.93	↓														Rate = 0.61 Count = 28	Off-Target	Rate = 0.45
<b>Harmonizing and Synergizing Access and Flow Across the ZSFG Campus</b>																				
Emergency Department - Ambulance Diversion Rate	Day, Otway	% of time on diversion	63.9%	↓	51.2%	45.1%											48.2%	On-Target	50.0%	
Specialty Care Clinics - Third Next Available Appointment ≤ 21 days	Day, Otway	% of clinics ≤ 21 Days	82%	↑	80%	87%											84%	Off-Target	90%	
Department of Care Coordination - Lower Level Of Care Patient Days	Day, Otway	# of patient days	1,315	↓	1,898	1,440											1,669	Off-Target	1,100	
<b>Achieving Safe &amp; Equitable Staff Experience</b>																				
Under Construction	Turner	TBD	TBD <sup>B</sup>	↓	Transition to SAFE System														TBD <sup>B</sup>	
<b>Revenue Cycle Optimization</b>																				
Denial Rate - Hospital Billing	Bilinski, Boffi	% of Claims Denied	TBD <sup>C</sup>	↓	Transition to Fee-for-service															TBD <sup>C</sup>
<b>TRUE NORTH OUTCOME METRICS</b>																				
★ CMS Star Rating	Ehrlich	# of stars	1 - Star	↑	1 - Star												1 - Star	Off-Target	2 - Star	
★ Likelihood to Recommend Hospital to Friends & Family	Ehrlich	% positive responses	75.3%	↑	Q1 CY 2023															77.0%
			White 70.1%																	
			B/AA 71.6%																	
			Asian 69.5%																	
★ Likelihood to Recommend Provider's Office to Friends & Family	Ehrlich	% positive responses	77.8%	↑	Q1 CY 2023															80.0%
			White 76.2%																	
			B/AA 75.4%																	
			Asian 75.1%																	
Likelihood to Recommend ZSFG as a Workplace	Ehrlich	Weighted Average	3.66	↑	DPH Staff Engagement Survey (3/1/23 to 3/31/23)															3.75
			White 3.53		Results Expected 4/30/23															
			B/AA 3.54																	
			Asian 3.70																	
Hispanic 3.79																				
	General Fund Spend To Not Exceed Budgeted Amount	Ehrlich	\$ in Millions	\$78.11M	↓	Q3 FY23		Q4 FY23		Q1 FY24		Q1 FY24					\$138.41M (Q2 FY23) <sup>D</sup>	On-Target	\$174M	

★ = Included in CMS Star Ratings

**Footnotes:**

A = Patient Safety and General Funds are measured and reported on Fiscal Year calendar; Equity and Flow are measured and reported on Calendar Year

B = Staff Experience metrics are under construction

C = Hospital Billing Denial Rate baseline and target to be defined in April

D = General Fund values are not cumulative, but a projected estimate of GF fund spend through the end of the fiscal year based on actual revenues and expenditures at the end of each quarter



True North Pillar Measure	Executive Owner (Local Owner)	Measure Unit	CY Baseline <sup>A</sup>		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	CYTD <sup>A</sup>	On- Off-Target	Target CY2022 (unless otherwise noted) <sup>A</sup>
<b>EQUITY</b>																			
Departments Driving Equity	Ehrlich, Turner	% of PIPs and DMS departments	51%	↑	50%	67%	50%	0%	50%	67%	67%	75%	80%	83%	67%	75%	64%	On-Target	50%
<b>SAFETY</b> ▼ YTD reset on Fiscal Year																			
★ Catheter Associated Urinary Tract Infections (CAUTI)	Smith, Winston	Count / 1,000 urinary catheter days	Rate = 1.98 <sup>A</sup>	↓	Rate = 2.36 Count = 3	Rate = 2.27 Count = 2	Rate = 2.02 Count = 0	Rate = 1.91 Count = 1	Rate = 1.97 Count = 3	Rate = 1.98 Count = 2	Rate = 1.00 Count = 1	Rate = 2.89 Count = 5	Rate = 2.13 Count = 1	Rate = 1.81 Count = 1	Rate = 1.56 Count = 5	Rate = 1.93 Count = 5	Rate = 1.93 Count = 14	On-Target	Rate = 2.26
★ Central Line Associated Bloodstream Infections (CLABSI)	Smith, Winston	Count / 1,000 central line days	Rate = 0.46 <sup>A</sup>	↓	Rate = 0.64 Count = 1	Rate = 0.68 Count = 1	Rate = 0.61 Count = 0	Rate = 0.54 Count = 0	Rate = 0.50 Count = 0	Rate = 0.46 Count = 0	Rate = 2.97 Count = 2	Rate = 2.90 Count = 2	Rate = 1.77 Count = 0	Rate = 1.71 Count = 1	Rate = 1.52 Count = 1	Rate = 1.69 Count = 2	Rate = 1.69 Count = 8	Off-Target	Rate = 0.77
★ Colon Surgical Site Infections (COLO SSI)	Smith, Winston	Standardized Infection Ratio (Observed/Expected)	Rate = 0.89 <sup>A</sup>	↓	Rate = 1.15 Count = 2	Rate = 1.06 Count = 0	Rate = 1.01 Count = 1	Rate = 0.96 Count = 0	Rate = 0.88 Count = 0	Rate = 0.89 Count = 1	Rate = 1.09 Count = 2	Rate = 1.40 Count = 2	Rate = 0.98 Count = 0	Rate = 1.21 Count = 2	Rate = 1.32 Count = 2	Rate = 1.08 Count = 0	Rate = 1.08 Count = 8	On-Target	Rate = 1.62
Falls with injury (med surg, 4A, ED, inpatient psych)	Smith, Winston	Count / 1,000 midnight census	Rate = 0.93 <sup>A</sup>	↓	Rate = 1.18 Count = 15	Rate = 1.18 Count = 8	Rate = 1.09 Count = 3	Rate = 1.04 Count = 4	Rate = 0.98 Count = 3	Rate = 0.93 Count = 3	Rate = 0.95 Count = 7	Rate = 0.54 Count = 1	Rate = 0.50 Count = 3	Rate = 0.53 Count = 5	Rate = 0.56 Count = 5	Rate = 0.61 Count = 7	Rate = 0.61 Count = 28	Off-Target	Rate = 0.45
<b>QUALITY</b>																			
Emergency Department - Diversion Rate	Day, Otway	% of time on Diversion	58.30%	↓	66.9%	57.7%	58.0%	60.5%	76.2%	65.6%	67.8%	66.5%	66.7%	64.7%	57.6%	58.3%	63.9%	Off-Target	50.0%
Dept of Care Coordination - Lower Level of Care Patient Days	Day, Otway	Patient Days	1283	↓	1276	913	1394	1204	1406	1384	1285	1108	1197	1363	1518	1735	1315	Off-Target	1100
Specialty Clinics - Third Next Available Appointment	Day, Otway	% clinics with ≤ 21 days TNAA	84.80%	↑	78.0%	80.0%	74.0%	76.0%	78.0%	86.0%	87.8%	90.0%	88.0%	84.0%	82.0%	78.0%	81.8%	Off-Target	90%
<b>CARE EXPERIENCE</b>																			
Real-time Survey Implementation	Johnson	% of measures achieved by departments	52%	↑	52%	52%	52%	52%	52%	52%	Strategy under revision						52%		33% by 8/31/21 66% by 9/30/21 100% by 10/31/21
<b>DEVELOPING OUR PEOPLE</b>																			
Operationalizing Thriving at Work Strategy Composite	Johnson, Damiano	% of targets achieved by focus group	67%	↑	81%	81%	81%	81%	81%	81%	Strategy under revision						81%		33% by 7/31/21 66% by 8/31/21 100% by 12/31/21
<b>FINANCIAL STEWARDSHIP</b> ▼ YTD reset on Fiscal Year																			
Salary Variance	Boffi	\$ in Millions Variance	-\$4.80 <sup>A</sup>	↑	-\$5.470	-\$7.200	-\$8.600	-\$9.600	-\$10.700	-\$12.257	\$0.130	-\$0.047	-\$0.256	\$0.149	-\$1.380	-\$0.820	-\$0.820	Off-Target	\$0.000
<b>TRUE NORTH OUTCOME METRICS</b>																			
★ CMS Star Rating	Ehrlich	# stars	1-Star	↑	1-Star											1-Star	Off-Target	2-Star	
★ Likelihood to Recommend Hospital to Friends & Family	Ehrlich	% positive responses	78.3%	↑	70.9%			76.9%			65.4%			70.6%			69.3%	Off-Target	80%
Likelihood to Recommend ZSFG as a Workplace	Ehrlich	Weighted Average	3.66	↑	3.66 (2019 Staff Engagement Survey)											3.66	Off-Target	3.76	
General Fund Spend To Not Exceed Budgeted Amount	Ehrlich	\$ in Millions	\$82.13M	↓	\$69.64M (Q3 FY 22)			\$78.11M (Q4 FY22)			\$136.08M (Q1 FY23)			\$138.41M (Q2 FY23)			\$138.41M <sup>B</sup>	On-Target	\$159.9M

★ = Included in CMS Star Ratings

**Footnotes:**

A = Salary Variance and Patient Safety Baseline and Target are on a Fiscal Year (FY) not Calendar Year (CY)

B = General Fund values are not cumulative, but a projected estimate of GF fund spend through the end of the fiscal year based on actual revenues and expenditures at the end of each quarter